

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913898

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
| 3 | 1 | | | | | |
| 4 | 1 | | | | | |
| 5 | | 4 | | | | |
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| 8 | | 4 | | | | |
| 9 | | 4 | | | | |
| 10 | 1 | | | | | |
| 11 | | 4 | | | | |
| 12 | | 4 | | | | |
| 13 | | 1 | | | | |
| 14 | 1 | | | | | |
| 15 | | 1 | | | | |
| 16 | 1 | | | | | |
| 17 | 1 | | | | | |
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| TOTAL IND. | 9 | | | | | |
| TOTAL DEP. | | 30 | | | | |
| TOTAL CLAIMS | 39 | | | | | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS